

# Work Order ID 68515

Thursday, April 14, 2011 11:07:47 AM



Page 1

Item ID: D3876-1

Accept



Setup Start



Revision ID:

Stop



Item Name: Protector - RH Fwd Wall

Start Date: 4/14/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 4/14/2011 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: CMF Date: 11-04-14 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr	
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100		0.00							
	FLOW WATER JET								
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg D3876 Dwg Rev: <u>A</u> Prog Rev: <u>A</u> 2- Deburr if necessary								①

B11-4-14

110		0.00							
	QC2- Inspect parts off machine FAI/FAIB								
QC	Memo	0.00							
Quality Control									

B11-4-14

120		0.00							
	QC8- Inspect parts - second check								
QC	Memo	0.00							
Quality Control									

M 11 04 15 ①

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 68515**

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Item ID: D3876-1

Accept



Setup Start



Revision ID:

Stop



Item Name: Protector - RH Fwd Wall

Start Date: 4/14/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 4/14/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00



Packaging

Memo

0.00

RDP 68513

11/4/15

P

Packaging

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/4/18

ME

11-04-15

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

Thursday, April 14, 2011 11:07:40 AM

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Work Order ID: 68515



Parent Item: D3876-1



Parent Item Name: Protector - RH Fwd Wall

Start Date: 4/14/2011

Required Date: 4/14/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 09-01-14 new issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04		Purchased	No			100	sf	2,652.715	3.607	3.796842			
GE PLASTICS LEXAN SHEET													



B11-4-14

Location

Loc Qty

Loc Code

MAT018

2652.715789

115261

632

116236

2020.71579

115261

①

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



